

# ANNUAL REPORT FISCAL YEAR 2003

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## HEALTH STRATEGIES COUNCIL OF GEORGIA

appointed by the Governor  
to advise and support the health planning mission of the



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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November 2003

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## FROM THE CHAIRMAN

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Governor Sonny Perdue  
Lt. Governor Mark Taylor  
Speaker of the House Terry Coleman  
Members, Georgia General Assembly  
Members, Board of Community Health  
Commissioner Tim Burgess

Ladies and Gentlemen:

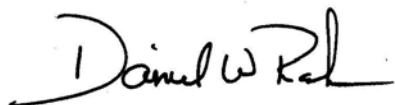
It is with great pleasure that I submit to you the 2003 Annual Report of the Health Strategies Council. The Council serves as a forum for public debate on policy decisions affecting health care and the structure of Georgia's healthcare delivery system.

Healthcare services are among the most critical resources within our communities. It is the Council's goal to continue to promote the development of high quality health care services which are cost efficient and which are both geographically and financially accessible.

During this fiscal year the Council has been extremely productive. Among the Council's priorities was the establishment of several workgroups to review all of the Division of Health Planning's Certificate of Need plans and rules to ensure that they were sufficiently responsive to today's healthcare market conditions. Following the recommendations of the workgroups, several technical advisory committees were established. Their intensive work has resulted in the updating of several components of the state health plan and corresponding rules which emphasize access, including meeting the health care needs of Georgia's low income citizens, high quality patient care, service efficiencies, continuity of care, and local collaboration of services. We are most grateful to the members of all of our technical advisory committees for the immeasurable time, energy and expertise that they have contributed to ensure that the Council's policy development process is well balanced. These volunteers have grappled with some very difficult and controversial issues and have shown great leadership.

There are many difficult decisions ahead. We embrace the vision of Commissioner Tim Burgess and look forward to our continued involvement in the Department's health planning and policy development efforts. The Council stands ready to continue to provide guidance and policy directions that would be in the best interest of the citizens of the State of Georgia.

Sincerely,

A handwritten signature in dark ink, appearing to read "Daniel W. Rahn". The signature is fluid and cursive, with a long horizontal stroke at the end.

Daniel W. Rahn, MD, Chairman

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## COUNCIL MEMBERS

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Members of the Health Strategies Council are appointed by the Governor to represent various health care interests. Members of the Health Strategies Council and their respective affiliations and categories of representation as of June 30, 2003, are as follows:

### Member and Affiliation

### Category of Representation

**Daniel W. Rahn, MD, *Council Chair***  
President, Medical College of Georgia

Member at Large

**Elizabeth P. Brock, *Council Vice-Chair***  
President, Pallets Incorporated

Health Care Needs of Small Business

**William G. Baker, Jr., MD**  
President, Atlanta Regional Health Forum, Inc.

Health Care Needs of Low-Income Persons

**Honorable Glenda M. Battle, RN, BSN**  
Decatur County Commissioner, Bainbridge  
Association County Commissioners of GA

County Governments

**Harve R. Bauguess**  
President, Bauguess Management Company, Inc.

Health Care Providers – Nursing Homes

**David M. Bedell, DVM**  
Chairman, Tift County Board of Health

Health Care Needs of Older Persons

**Edward J. Bonn, CHE**  
President/CEO, Southern Regional Health System

Health Care Providers – Urban Hospitals

**Anthony J. Braswell**

Health Care Needs of Populations with  
Special Access Problems

**Tary L. Brown**  
CEO, Albany Area Primary Health Care, Inc.

Health Care Providers – Primary Care  
Centers

**W. Clay Campbell**  
Executive Vice President, Archbold Medical Center

Health Care Providers – Home Health  
Agencies

**Nelson B. Conger, DMD**  
Dentist

Health Care Providers – Primary Care  
Dentist, Dalton

**Katie Foster**  
Regional Director, Service Employees International Union

Health Care Needs of Organized Labor

**Charlene M. Hanson, EdD, FNP**  
Professor Emerita, Family Nurse Practitioner  
Georgia Southern University

Health Care Providers – Nurse Practitioner

**Sonia F. Kuniansky**  
Director, DeKalb Developmental Disabilities Council

Health Care Needs of Persons with  
Disabilities

<b>Reverend Ike E. Mack</b> Pastor, Unionville Baptist Church, Warner Robins	Member at Large
<b>Felix T. Maher, DMD</b> Dentist, Savannah	Health Care Providers – Primary Care Dentist
<b>Julia L. Mikell, MD</b> Neurologist/Physician, Neurological Institute of Savannah	Health Care Providers – Specialty Physician
<b>James C. Peak</b> CEO, Memorial Hospital & Manor	Health Care Needs of Populations with Special Access Problems
<b>Honorable Evelyn Turner Pugh</b> Vice President, Community Relations, SunTrust Bank Columbus/Muscogee City Councilor	Health Care Needs of Large Business
<b>Raymer Sale, Jr. , CLU</b> President, E2E Resources, Inc. Lawrenceville	Private Insurance Industry
<b>Toby D. Sidman</b> President, Georgia Breast Cancer Coalition & Fund	Health Care Needs of Women
<b>Cathy P. Slade</b> Director, Georgia Medical Center Authority	Health Care Needs of Populations with Special Access Problems
<b>Oscar S. Spivey, MD</b> Professor and Chairman Emeritus of Pediatrics Mercer University School of Medicine	Health Care Needs of Children
<b>Tracy Michele Strickland</b> Associate, Life Science Practice Group, Spencer Stuart	Member at Large
<b>Kurt Stuenkel, FACHE</b> President & CEO, Floyd Medical Center	Health Care Providers – Rural Hospitals
<b>Kay L. Wetherbee, RN</b> Principal, Encounter Technology	Health Care Providers – Registered Nurse
<b>David M. Williams, MD</b> President/CEO, Southside Medical Center	Health Care Providers – Primary Care Physician

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## OVERVIEW

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The Health Strategies Council is responsible for developing Georgia's State Health Plan and addressing policy issues concerning access to health care services. The members of the Council are appointed by the Governor and represent a wide range of health care and consumer interests. The Council focuses on providing policy direction and health planning guidance for the Division of Health Planning, the Office of General Counsel, and, where appropriate, the Department of Community Health as a whole.

The functions of the Council are set forth in O.C.G.A. 31-6-21 and provide for the Council to:

- Adopt the state health plan and submit it to the [Board of Community Health] for approval which shall include all of the components of the Council's functions and be regularly updated;
- Review, comment on, and make recommendations to the Department on the proposed rules for the administration of this chapter, except emergency rules, prior to their adoption by the Department;
- Conduct an ongoing evaluation of Georgia's existing health care resources for accessibility, including but not limited to financial, geographic, cultural, and administrative accessibility, quality, comprehensiveness, and cost;
- Study long-term comprehensive approaches to providing health insurance to the entire population; and
- Perform such other functions as may be specified for the council by the Department or the board.

The role and impact of the Health Strategies Council has continued to expand and has strengthened over time and during Fiscal Year 2003. To fulfill its broad mission, the Council holds quarterly public meetings and regularly convenes committees consisting of providers, advocates and technical experts to advise the Department and the Division on the need for changes and improvements to the state health plan.

The Council has continued to play a key role in the updating of the Certificate of Need plans and rules to reflect the state's healthcare priorities while keeping the needs of Georgia's citizens at the forefront of the planning process. The Council is committed to ensuring planning policies that incorporate access, stewardship, quality of care, integration of healthcare services and the improvement of the health status of Georgia's citizens.

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## GEORGIA'S STATE HEALTH PLAN

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A major duty of the Health Strategies Council is the development and ongoing refinement of Georgia's State Health Plan. The current State Health Plan consists of thirteen (13) comprehensive component plans addressing a wide range of health care services and facilities. In most cases, these component plans serve as the basis for administrative rules and regulations governing the certificate-of-need process and integration with other department programs. The Council also uses the health planning process to promote the achievement of community wellness and access to care, as well as the broader health missions of the Department of Community Health, the Governor and the State of Georgia.

The process of developing new or revised components for the State Health Plan often involves the appointment of advisory committees whose members bring a range of subject matter interest or technical expertise. Members of these committees are selected carefully to include providers, consumers, payers, regulators, and other interested parties. Each proposed change to the State Health Plan and any resulting rule changes must undergo a public review and comment process. Also, the Department and the Board of Community Health must approve the components of the State Health Plan.

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## COMPONENTS OF THE STATE HEALTH PLAN

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<u>COMPONENT PLAN</u>	<u>DATE OF LATEST ADOPTION</u>
Ambulatory Surgical Services	June 1998**
Continuing Care Retirement Community	January 1998
Home Health Services	February 2001*
Inpatient Rehabilitation Services	October 1994
Nursing Facilities	August 2000
Perinatal Health Services	February 1999
Personal Care Homes	August 2001
Positron Emission Tomography (PET) Services	February 2002
Psychiatric and Substance Abuse Inpatient Services	July 1990
Radiation Therapy Services	May 2001

Short-Stay General Hospital Beds	April 2003
Specialized Cardiovascular Services	May 2001
<ul style="list-style-type: none"> <li>• Adult Cardiac Catheterization</li> <li>• Open Heart Surgical Services</li> <li>• Pediatric Cardiovascular Services</li> </ul>	
Traumatic Brain Injury	May 1990

Note:

\*\*revisions in process.

\*partial updates were made in FY 2003

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## FISCAL YEAR 2003 ACCOMPLISHMENTS

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During FY 2003, the Health Strategies Council established three new standing committees namely, Acute Care, Long Term Care, and the Special and Other Services Committee. The purpose of each committee is to periodically review all components of the State Health Plan and to make recommendations to the full Council about the need for revisions. Each member of the Council was asked to serve on at least one committee.

Each committee was convened and reviewed each of the thirteen components of the State Health Plan. In some instances, the committee recommended that no changes be made to specific components of the State Health Plan. In other instances, comprehensive changes were recommended and undertaken. The Council Chair served as an ex-officio member of each committee. Members of each committee, including the committee chair, appear below.

### Acute Care Committee

+ *Kurt M. Stuenkel, FACHE*  
 Glenda Battle, RN  
 Edward J. Bonn  
 Katie Foster  
 James Peak  
 Evelyn Turner-Pugh  
 Oscar Spivey, MD  
 Tracey Strickland

### Long Term Care Committee

+*W. Clay Campbell*  
 Elizabeth Brock  
 Harve R. Bauguess  
 Tary Brown  
 Anthony Braswell  
 Dr. Chuckie Hanson  
 Sonia Kuniansky  
 Reverend Ike E. Mack  
 Raymer Sale, Jr.

### Special & Other Services Committee

+*David M. Williams, MD*  
 William G. Baker, Jr., MD  
 David Bedell, DVM  
 Nelson B. Conger, DMD  
 Felix Maher, DMD  
 Julia L. Mikell, MD  
 Toby D. Sidman  
 Cathy Slade  
 Kay Wetherbee

Note: + Committee Chairperson

The three committees addressed each of the following components of the State Health Plan:

<b>Acute Care Services</b>	<b>Long Term Care</b>	<b>Special and Other Services</b>
General Short Stay Hospital Services Open Heart Surgical Services Perinatal Health Services Psychiatric & Substance Abuse Inpatient Services	Nursing Facilities Personal Care Homes Home Health Services Inpatient Rehabilitation Facilities Traumatic Brain Injury Programs Continuing Care Retirement Communities	Cardiac Catheterization Positron Emission Tomography Radiation Therapy Services Ambulatory Surgical Services

With the exception of Health Care Workforce Planning, all of the summaries that are highlighted below represent areas that committee members recommended for update through the establishment or reconvening of a technical advisory committee. Technical advisory committees are chaired by Council members and represent a wide range of constituents. Their major responsibility is to spearhead the updating of specific components of the State Health Plan or to revisit issues that are identified in the planning process for CON regulated services. (Committee minutes can be obtained from the Division of Health Planning).

- **Ambulatory Surgical Services:** The Board of the Department of Community Health charged the Division of Health Planning and the Council with reviewing and updating the Ambulatory Surgery Services Plan and Rules following concerns that were raised about elements of the need methodology, health planning areas, and adverse impact on other providers. At its February 2003 meeting, the Council voted to convene an Ambulatory Surgical Services Technical Advisory Committee (TAC). Members of the 2003 Ambulatory Surgical Services TAC represent various geographic regions of the state and are members of a wide variety of constituent groups, including state agencies, consumers, professional associations, advocates, provider groups, and payors. The TAC was asked to develop a new component plan and related rules to govern the establishment, replacement or expansion of freestanding ambulatory surgery services governed by the Certificate of Need process. In addition to hosting a public forum, the TAC met five times between May 2003 and November 2003. The committee's work is ongoing and is expected to be completed in the coming months. William G. "Buck" Baker, Jr. MD, President, Atlanta Regional Health Forum, Inc., and member of the Council, chairs this 18-member group.
- **Cardiovascular Services:** The Cardiovascular Services Technical Advisory Committee was reconvened to consider any potential changes to the current plans and rules based on the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) recently published findings of research undertaken between 1996 and 1999 in Massachusetts and Maryland. The research found that treating patients with percutaneous coronary interventions (angioplasty) in emergency situations was beneficial in particular instances and in certain



settings without on-site open-heart surgical backup. The Council limited the committee's charge to issues relating to the regulatory guidelines for PCI and issues of cost, quality, capacity, and access. The TAC met twice and grappled with the fact that neither the American College of Cardiology (ACC) nor any other state, including Maryland where the study occurred, had yet made changes in their regulatory guidelines based on the C-PORT study. Recognizing that some research is continuing (in New York and New Jersey) and that the ACC would be reevaluating their clinical guidelines, the TAC asked the staff to continue to monitor emerging research and issues. The TAC agreed to reconvene again should the ACC make any changes to their guidelines. Elizabeth Brock, President, Pallets Incorporated, and member of the Council, chaired this 21-member group.

- **Home Health Services:** To respond to problems with home healthcare service delivery in some rural communities and to gauge progress with the planning guidelines adopted in early 2001, the Council reconvened the Home Health Services Technical Advisory Committee. The TAC reaffirmed several key planning principles and made a few changes to the plan and rules. Members confirmed that it was no longer appropriate to require the otherwise non-reviewable acquisition of another home health agency to go through a modified CON application process, outside of the batching application process. Further, TAC members unanimously agreed that each home health provider should be required to provide services to some minimum number of patients/per approved county on an annual basis in order to maintain the CON for that county. Members recommended the inclusion of an exception statement to allow the Department to authorize an existing provider to provide home health services if some minimum service thresholds have not been reached. Members endorsed these changes in an attempt to streamline the regulatory activities for home health services and to promote improved access to services. The Council adopted these recommendations in May 2002. W. Clay Campbell, Executive Vice President, Archbold Medical Center, and member of the Council, chaired this 9-member group.
- **Short-Stay General Hospital Services:** In an effort to tackle one of the most challenging areas for health planning over the past twenty years, the Council appointed a technical advisory committee to develop a new component plan and guidelines for short-stay general hospital services. The current plan was written in 1983, and the present administrative rules are limited in scope. The TAC focused on several key planning principles including quality of care, service capacity, financial and geographic accessibility and viability, and service system development. During the planning process several definitions were refined and the standards were finetuned to better reflect current utilization of existing resources. The revised component plan details specific exception to need criteria and delineates specific adverse impact considerations. The TAC also recommended options for consolidation of facilities in rural and non-rural communities. These guidelines were approved by the Council in November 2002 and became effective April 2003. James C. Peak, Chief Executive Officer, Memorial Hospital & Manor, and member of the Council, chaired this 23-member group.
- **Health Care Workforce Planning:** The Council was instrumental in promoting the formation of the Health Care Workforce Policy Advisory Committee, the standing policy committee charged with overseeing non-physician workforce planning and considering short and long term solutions to the growing shortage of healthcare professionals in nursing, allied health and behavioral health disciplines. W. Douglas Skelton, MD, chairs this group. Dr. Charlene Hanson serves on this Committee and represents the Council in an ex-officio capacity. The Council has worked diligently to incorporate workforce needs

and quality of care considerations into all component plans and rules. During FY03 the Workforce PAC released its annual report. In it, the Committee acknowledged that the State of Georgia has undertaken a broad array of strategies to remedy workforce shortages. The report further notes that while some measured progress has been made, failure to maintain the proposed initiatives and to commit the needed resources to develop and maintain healthcare professionals could have a devastating impact on Georgia's health care delivery system.

- **Department Initiatives:** The Council actively supported a number of key initiatives of the Department, offering technical assistance and policy guidance in areas such as:
  - Electronic collection and dissemination of annual surveys that capture information about Georgia's health care facilities, workforce, service delivery, and healthcare financial matters.
  - Web-based dissemination of health plans, rules, public notices, survey data and public meetings.
  - Continued expansion and enforcement of commitments to provide indigent and charity care.
  - Support for programs to assist the uninsured and efforts to develop patient safety and voluntary peer review programs.
  - Support for collaborative initiatives to expand programs in nursing and other health professions.
  - Support for proposals which align the work of the Department with that of other state agencies (i.e. service definitions, planning areas)
  - Promotion of rural health, including health systems development and other population-specific health initiatives.

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## EDUCATIONAL OPPORTUNITIES

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During FY03 Council members requested and were provided with several opportunities to learn more about the critical issues impacting the healthcare industry. In addition, members were provided with dynamic presentations and program updates from several state agencies and private organizations. Members welcomed the opportunity to learn more about the state's vast resources and some of the programs in place to meet the needs of Georgia residents. The following educational programs and program updates were presented to the Council:

## **EDUCATIONAL PROGRAMMING**

- CRITICAL ACCESS HOSPITALS, presented by “Buzz” Tanner, Administrator of Monroe County Hospital & Isiah Lineberry and Charles Owens/Department of Community Health/Office of Rural Health Services.
- HEALTH CARE TRENDS AND INSURANCE IMPACTS, presented by Raymer Sale, President, Multiple Benefits Corp and member of the Health Strategies Council.
- THE EFFECT OF THE MEDICAL LIABILITY INSURANCE CRISIS ON PHYSICIAN SUPPLY AND ACCESS TO MEDICAL CARE, presented by Bruce Deighton, PhD., Executive Director, Georgia Board for Physician Workforce.

## **PROGRAM UPDATES**

- The Georgia Cancer Coalition, by Russ Toal, Executive Director
- Presentation on the State Planning Grant for the Uninsured, presented by Jean O'Connor, JD, MPH
- Overview of the Shepherd Center, provided by James Shepherd, Chairman of the Board.

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## **CERTIFICATE OF NEED**

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The development of the Certificate of Need plans and rules along with the collection and analysis of information about Georgia's health care system are the cornerstone of the Division of Health Planning's responsibilities. The Health Strategies Council provides policy guidance to the Division and the Department while the Office of General Counsel, among other things, manages the CON review and implementation process, following adoption of the plans and rules by the Health Strategies Council and the Board of Community Health.

A Certificate of Need (CON) is a document issued by the Department of Community Health that indicates that a proposed health care project is necessary to meet community needs. Georgia's Health Planning Statute, Title 31, Chapter 6, requires the issuance of a CON before proceeding with certain kinds of health care projects. Georgia's Health Planning Statute covers almost all health care facilities, including:

- All public and private hospitals, including general, acute-care, and specialized hospitals;
- Nursing homes;
- Ambulatory surgical services or obstetrical facilities;
- Home health agencies;
- Personal care homes (with 25 or more beds);

- Inpatient rehabilitation facilities treating traumatic brain injury;
- Diagnostic, treatment and rehabilitation centers (whether for-profit or not-for-profit). These facilities must obtain a CON before:
  - Offering radiation therapy, biliary lithotripsy, cardiac catheterization, or surgical procedures outside a hospital setting; or
  - Acquiring any diagnostic or therapeutic equipment exceeding the equipment threshold.

A CON is required before a health care facility can:

- Proceed with a construction or renovation project or any other capital expenditure that exceeds the construction threshold;
- Purchase or lease major medical equipment that exceeds the threshold amount for equipment acquisition;
- Offer a health care service which was not provided on a regular basis during the previous 12-month period; or
- Add new beds.

The Division has noticed a steady increase in the volume of CON applications from FY1996 to FY2003. While there were fluctuations in the number of applications submitted each fiscal year between 1996 through 2001, FY2002 and FY2003 showed the largest increase in the number of applications submitted. Increases in the number of applications during FY2003 likely can be attributed to the increased need for home health services.

Below is a summary of the Certificate of Need applications that were submitted to the Department for review from FY1996 to FY2003. During FY2002, 117 applications were submitted, 90% of which were approved, 3% were denied, and 7% were withdrawn prior to the decision. On the other hand, during FY2003, 130 applications were submitted, 75% were approved, 13% were denied and 8% were withdrawn prior to the regulatory review decision. On average, only 4% of the Department's decisions are reversed. The Council and the Division will continue to monitor these trends over time.

Summary of Certificate of Need Applications (FY1996-2003)													
Fiscal Year Submitted	Applications Submitted	Reviews Pending		Applications Approved		Applications Denied		Withdrawn Prior to Decision		Appealed		Decisions Reversed	
1996	76	0	(0%)	59	(78%)	8	(11%)	9	(12%)	22	(33%)	3	(4%)
1997	71	0	(0%)	50	(70%)	13	(18%)	8	(11%)	28	(44%)	3	(5%)
1998	93	0	(0%)	45	(48%)	36	(39%)	12	(13%)	37	(46%)	3	(4%)
1999	95	0	(0%)	69	(73%)	14	(15%)	12	(13%)	11	(13%)	4	(5%)
2000	85	0	(0%)	77	(91%)	2	(2%)	6	(7%)	1	(1%)	1	(1%)
2001	91	0	(0%)	72	(79%)	8	(9%)	11	(12%)	24	(30%)	13	(16%)
2002	117	0	(0%)	105	(90%)	4	(3%)	8	(7%)	12	(11%)	2	(2%)
2003	130	4	(3%)	98	(75%)	17	(13%)	11	(8%)	26	(22%)	1	(1%)
Totals	758	4	1%	575	76%	102	13%	77	10%	161	21%	30	4%

*Withdrawn - Withdrawn prior to a DHP decision*

*Appealed - Information is incomplete for appeals submitted between 6/2000 and 10/2001; information for appeals submitted prior to 7/84 may not be reliable*

*Percent Appealed - The percentage of DHP decisions that are appealed; not valid if you have selected all years*

*Decisions Reversed - Refers to DHP decisions that are reversed upon Administrative Appeal or Judicial Review; does not take into account instances in which projects were remanded to DHP and the agency changed its decision; not available prior to 1989*

*\*Based on the final finding or if the administrative appeal and judicial review process has not been completed, based on original DHP finding*

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## COMMUNITY HEALTH PARTNERSHIPS AND THE WORK AHEAD

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Fiscal Year 2003 was an exciting and challenging year for the Health Strategies Council. Many difficult planning processes were initiated and addressed by the Council and the Department of Community Health (DCH). The Council pledges to continue to focus its efforts in health planning to better support the coordinated goals and mission of the state. The Council is poised to continue to provide leadership in all policy areas and has committed to provide policy guidance in the following areas:

- **CARDIOVASCULAR SERVICES:** The Technical Advisory Committee has asked Division staff to continue to monitor emerging research and issues in the area of angioplasty without open-heart backup and recommended that the group be reconvened following any changes to the guidelines of the American College of Cardiology.
- **MEDICAID POLICY REFORM:** Commissioner Burgess has invited the Council to provide guidance and to facilitate Medicaid Reform policy discussions. The Council is very excited about this opportunity.
- **PROMOTION OF PREVENTION AND WELLNESS OF GEORGIA CITIZENS:** The Council will focus expanded efforts through the health planning process to promote prevention and wellness measures and will work to ensure that there are decreases in health disparities across communities in Georgia.
- **HEALTHCARE WORKFORCE:** The Council will continue to support the efforts of the Health Care Workforce Policy Advisory Committee and will strive to address and monitor the challenges of the healthcare workforce and the service delivery system, particularly the condition of the non-physician workforce.
- **PROMOTION OF ACCESS TO HIGH QUALITY HEALTHCARE:** The Council stands ready to respond to positive measures that will promote improved health care access and ensure the availability of high quality healthcare for all Georgians while containing cost and minimizing duplication of services.

The Council is proud of its accomplishments during Fiscal Year 2003. Members look forward to its continued and expanding roles and to ongoing opportunities to provide sound advice, leadership, and support to the health planning mission of the Department of Community Health.

Published for the Health Strategies Council  
by the Division of Health Planning



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

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